

MAY 15 2016

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LEGISLATIVE RESOURCE CENTER

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FORM B

For New Members, Candidates, and New Employees

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

Name: Matthew W. Moquin

Daytime Telephone: _____

FILER STATUS		New Member or Candidate for U.S. House of Representatives <input checked="" type="checkbox"/>	State: <u>MI</u> District: <u>01</u>	Check if Amendment <input type="checkbox"/>
Candidacy – Date of Election:		<u>November 6, 2018</u>		
New Officer or Employee Employing Office:		Staff Filer Type (If Applicable): <input type="checkbox"/> Principal Assistant <input checked="" type="checkbox"/> Shared	Report Covered: January 1, 2018 to May 14, 2018	
U.S. HOUSE OF REPRESENTATIVES <i>(Office Use Only)</i>				
A \$200 penalty shall be assessed against any individual who files more than 30 days late.				

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:				
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. Did you or your spouse have "earned" income (e.g., salaries, bonuses, or pension/401(k) distributions) of \$200 or more during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		G. Did you have any reportable compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H. Did you exclude from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "Yes" unless you have first consulted with the Committee on Ethics. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"				
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE				
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS				
<p>TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "Yes" unless you have first consulted with the Committee on Ethics. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew Moran

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew W Morgan

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ASSET NAME	BLOCK A	BLOCK B	BLOCK C	BLOCK D	Value of Asset												Type of Income	Amount of Income		
					A	B	C	D	E	F	G	H	I	J	K	L			M	
(2) Wkly. (1st) - Union	X																			
IT USA - Checking	X																			
IT USA - Savings	X																			
Op. Line S. Inc.	X																			
X (2) W-2911 DEC 31-200	X																			
DC 2) M-2911 DEC 31-200	X																			
X (2) M-2911 DEC 31-200	X																			
X (2) M-2911 DEC 31-200	X																			
X (2) M-2911 DEC 31-200	X																			
X (2) M-2911 DEC 31-200	X																			
JP Wkly. Dividend Income Wks	X																			
SP 40K Alimony 61 1st 1/4	X																			
SP Dividend Income Int'l Divs	X																			
SP Dividend Income Int'l - 100K	X																			
SP INVEST. S. IN CAP - 100K	X																			
SP BANK. Mkt. RISK 100K	X																			

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew W. Morgan

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Matthew W Morgan

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SCHEDULE C – EARNED INCOME

Name: Matthew Wilson

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Let the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the sources and amount of any bonuses. List only the sources for other spouses earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you when you are on House payroll. The 2017 limit on outside earned income for members and employees compensated at or above the 'teacher' staff rate was \$27,785. The 2016 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

SCHEDULE D - LIABILITIES

Name: Whitney W. Morgan

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Report **liabilities** of over \$10,000 owned by any one creditor or any **firm** during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owned during the reporting period. **New Member:** Members are required to report all **liabilities** secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you own it out or are a Member); loans secured by automobiles, household furniture, or appliances; **liabilities** of a business in which you own an interest (unless you are personally liable); and **liabilities** owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. **Column K** is for **liabilities** held solely by your spouse or dependent child.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of any organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

Position	Name of Organization
Consultant	Property Finance Inc
Consultant	Newspaper Magazine - Days of War
Consultant	

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SCHEDULE F – AGREEMENTS

Name: Matthew W Morgan

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; contribution or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report amounts of compensation received by you or your business affiliation for services provided directly by you during the current year and 300 prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services. **Excluded:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not report information listed on Schedule C.

Example:	Source (Name and City/State)	Brief Description of Duties
	Doe Jones & Smith, Homestead, Homestead	Accounting Services
Hoover, Traverse City, MI	New York, New York, NY	Consultant
Dept. of War, etc., New York, NY		Consultant

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**FILER NOTES
(Optional)**

Name: MATTHEW MORGAN

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**FILER NOTES
(Optional)**

Name: <u>Matthew Moeser</u>	Page <u>10</u> of <u>10</u>
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